

Name in Full

Certificate of Death

Charles H. Baston

Town

County

Died at

Hanover Md

MARYLAND

Date 19

07 July 19

Age

83 7 19

Native of

Md

Occupation

Hotel Proprietor

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Lloyd H. Baston

Mother's

Maiden Name

Frances Beau.

Cause of

Primary

Old age

How long sick

Death

Immediate

Pneumonic Heart

Accident, Suicide, Homicide

Reported by

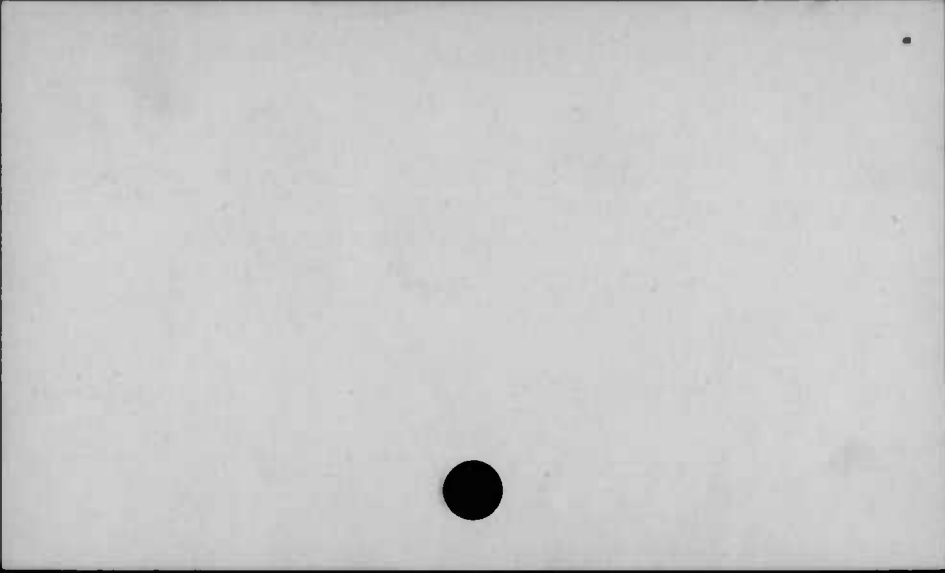
P. O. Stigers

Address

Hanover, Md.

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagerstown</i> Town		<i>Washington</i> County	
		Date of death 190 <i>2</i> Month <i>7</i> Day <i>24</i>		Age <i>1</i> Years <i>12</i> Months <i>1</i> Days <i>12</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Married, Single or Widowed <i>Single</i>		Occupation <i>Child</i>	
		Name of Wife or Husband <i>Walter Berry</i>			
		Father's Name <i>Walter Berry</i>		Father's Birthplace	
		Mother's Maiden Name		Mother's Birthplace	
		Name of person giving information <i>Mrs E. Zigler</i>		How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Malaria</i>		How long <i>6 weeks</i>	
		Immediate <i>Erysipelas</i>		How long <i>10 days</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. E. Wankman</i>	
		Address			
Accident or Suicide?					



Name in Full

Certificate of Death

Lucas F Burkhardt

Town

County

Died at

Circleville

Washington

MARYLAND

Date 19

02

Month

Day

July 30

Y.

M.

D.

Age

67 2 20

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Jacob Burkhardt

Mother's

Maiden Name

Ely. Bigler

Cause of

Primary

Chronic Gastritis

How long sick

3 months

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

A. P. Sturges

104

Address

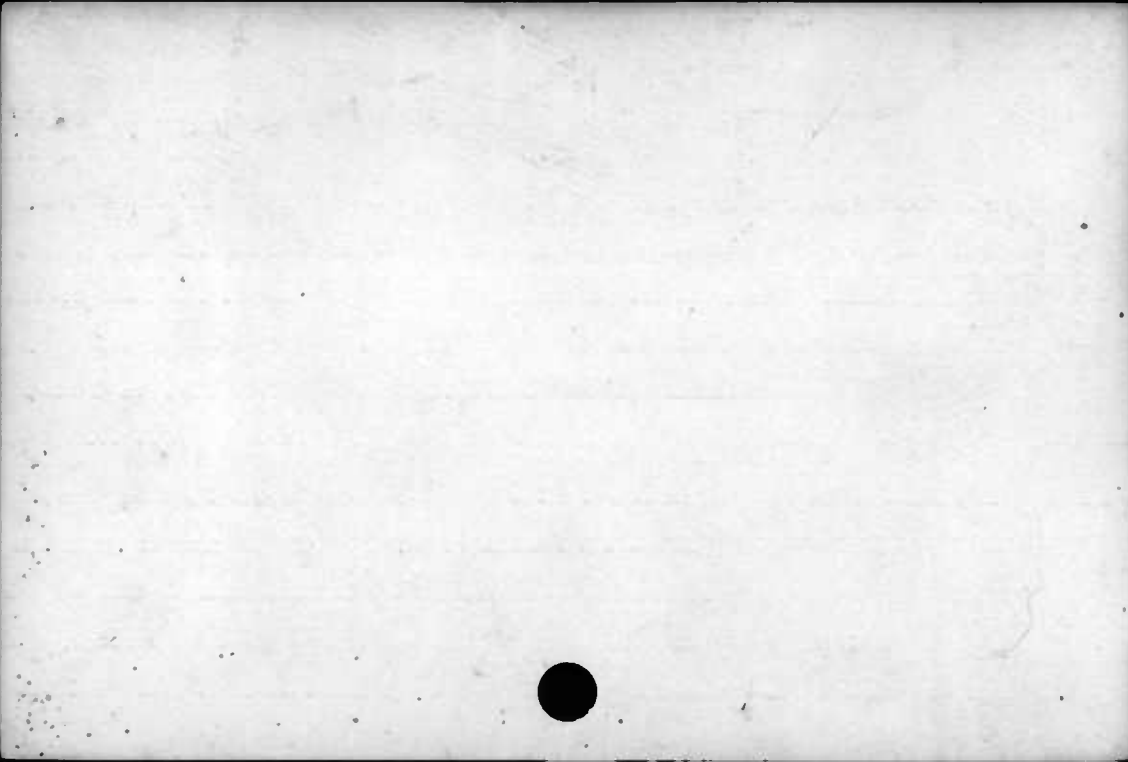
Circleville, W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full	Irene Davis				99		CERTIFICATE OF DEATH	
	Died at <sup>Town</sup> Williamsport <sup>County</sup> Wash.				MARYLAND			
	Date of death 190 2		Month July		Day 23		Years	
	Sex Female		Color or Race Colored		Months 5 mo.		Days	
	Married, Single or Widowed				Occupation			
	Name of Wife or Husband							
	Father's Name Geo. Davis				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased				

CAUSES OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Primary Dysentery		How long 5 days
	Immediate 14		How long
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Theo. Boose
	J. F. Kreps.		Address Williamsport, md
Accident or Suicide?			





Name in Full

Certificate of Death

Naomi Davis

Town

County

MARYLAND

Died at

Hollywood

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July

2

Age

1

3

-30

Maid

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Geo A Davis

Mother's

Maiden Name

Elizabeth Ringgold

Cause of

Primary

Whooping Cough

How long sick

8

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. S. Richardson

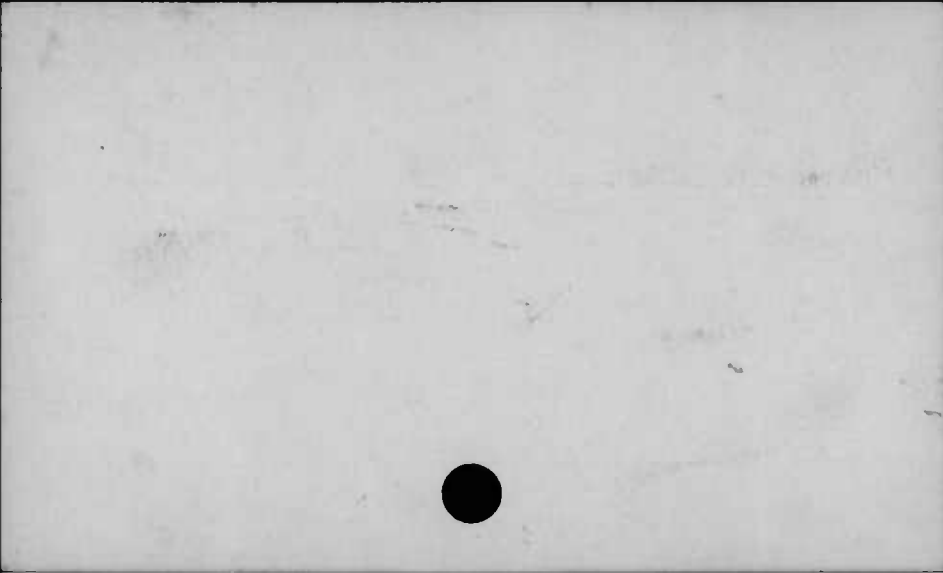
Address

Hollywood, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

L. F. Kreps.

LIBRARY BUREAU, 70808



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary A. Delauney</i>		Town <i>Sharpsburg</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death 190 <i>2</i>		Month <i>July</i>		Day <i>29</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>24</i>		Years <i>24</i>	
Married, Single or Widowed <i>Married</i>		Occupation		Birth-place <i>Troy Hollow</i>		Months <i>24</i>	
Name of <del>Wife</del> <i>Marries</i>		Name of <del>Wife</del> <i>Charles H. Delauney</i>		Father's Name <i>Z. J. Reginald</i>		Father's Birthplace <i>New Harpers Ferry</i>	
Mother's Maiden Name <i>Mary A. Gift</i>		Name of person giving information <i>Chas. H. Delauney</i>		Mother's Birthplace <i>Boneto, Md</i>		How related to deceased <i>Harbond</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dumms (over 1/2 body)</i>		How long <i>3 days</i>	
Immediate <i>Inflammation of bowels</i>		How long <i>167</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. M. Guntt</i>	
		Address <i>Sharpsburg, Md.</i>	
Accident or Suicide?			

Chas. B. Macle,  
Undertaker

Name in Full

Certificate of Death

Mary C. Eader

Died at <sup>Town</sup> Sandy Hook <sup>County</sup> Washington

MARYLAND

Date ~~1901~~ 1902    <sup>Month</sup> 7    <sup>Day</sup> 3    <sup>Y.</sup>    <sup>M.</sup>    <sup>D.</sup>    <sup>Native of</sup> Md    <sup>Occupation</sup> \_\_\_\_\_

~~Male~~    ~~White~~    ~~Married~~    ~~Widow~~    ~~Divorced~~

Female    ~~Colored~~    Single    ~~Widower~~    ~~Number of children living~~

Husband of

Wife

Father's

Name

Lazamus Eader

Mother's

Name

Catharine Eader

Cause of Death { Primary Rheumatism & Dropsy

Immediate Heart Failure

How long sick

6 mos.

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

B. B. Ranson MD

Address

Harpers Ferry W. Va.

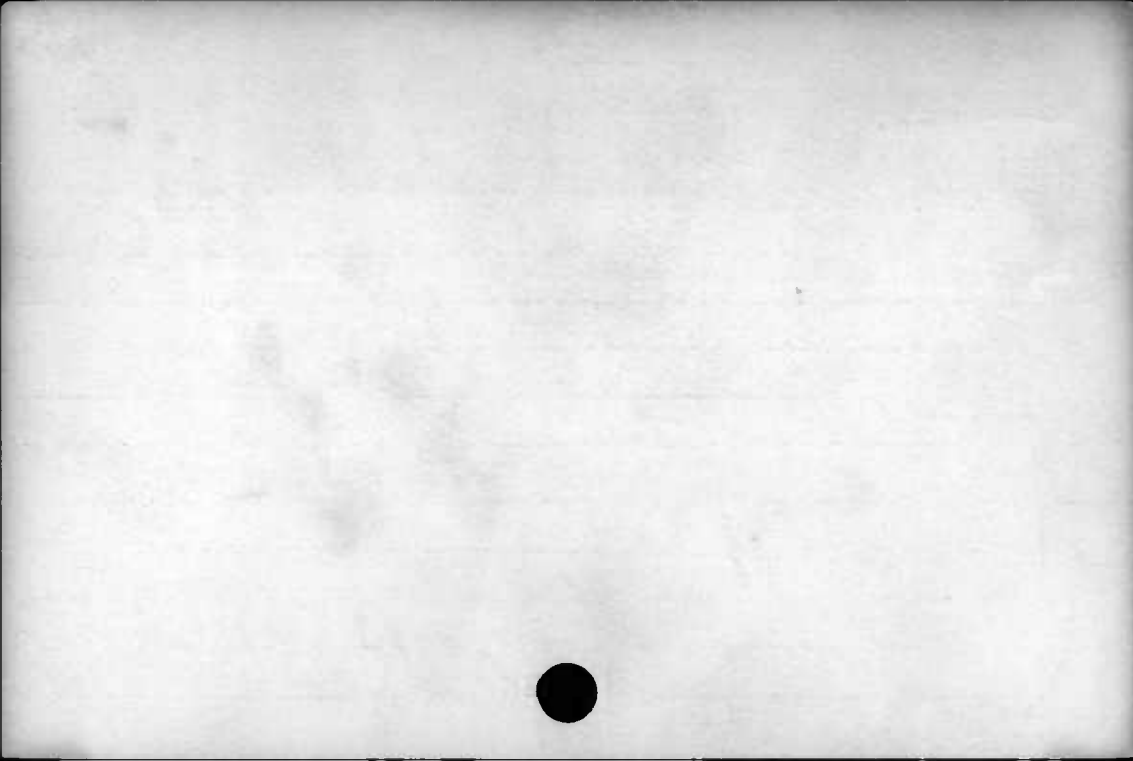
47

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88082



Name in Full		Ira Frances Eckton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> <i>Hayestown</i>		<sup>County</sup> <i>Wash Lee</i>		MARYLAND	
		Date of death 190 <sup>Month</sup> <i>2</i> <sup>Day</sup> <i>7</i> <sup>Years</sup> <i>22</i>		Age <i>3</i>		<sup>Months</sup> <i>7</i> <sup>Days</sup> <i>8</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>md.</i>	
		Married, Single or Widowed		Occupation <i>Child</i>			
		Name of Wife or Husband					
		Father's Name <i>Chas R Eckton</i>			Father's Birthplace <i>Sharpsburg</i>		
		Mother's Maiden Name <i>Maggie Show</i>			Mother's Birthplace <i>Sharpsburg Md</i>		
		Name of person giving Information <i>Chas Eckton</i>			How related to deceased <i>Father</i>		
PHYSICIAN OR CORONER		CAUSES OF DEATH					
		Primary <i>Blood Poison 20</i>				How long <i>9 Ds</i>	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>C B Doyle</i>	
				Address <i>Hayestown</i>			
<input checked="" type="checkbox"/> Accident or Suicide?							





Name in Full

Certificate of Death

Catherine Everett

Died at

Town Green Spring, County Wash.

MARYLAND

Date 1912

Month July Day 11

Age

Y. 1 M. 2 D. 19

Native of Ind

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Amos Everett

Mother's

Maiden Name

Ida Armstrong

Cause of

Primary

Cholera Infantum

How long sick

Two Days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Frank Bros., Undertakers

Address

Glea. Spring, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70806



Name In Full

Certificate of Death

Annie Rebecca Farmer -

101

Died at <sup>Town</sup> *Williamport* <sup>County</sup> *Wash.*

MARYLAND

Date 19 <i>02</i>	Month <i>July</i>	Day <i>25</i>	Y. <i>70</i>	M. <i>6</i>	D. <i>6</i>	Native of <i>Maryland</i>	Occupation <i>Housewife</i>
<del>Male</del>	<del>White</del>	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
Female	Colored	Single	Widower			Number of children living <i>7</i>	

Husband of *George Farmer*

Wife

Father's Name

Mother's

Maiden Name

Cause of Death	Primary <i>abscess of stomach</i>	How long sick <i>Four weeks</i>
	Immediate <i>Weakness</i>	Accident, Suicide, Homicide

Reported by *W. F. Richardson**J. M. Miller Undertaker*Address *Williamport Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Walter L. Ferrell

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 19 02 July 15 15 Y. M. D. Age 8 mos. 2 days Native of Boston Occupation  
 Male Widow Married Widow Divorced  
~~Female~~ Colored Single Widow Number of children living

Husband  
of

Wife

Father's

Name

Walter L. Ferrell

Mother's

Maiden Name

Lena Wagner

Cause of

Primary

Enterocolitis

Death

Immediate

Adynamia

How long sick about  
two weeks~~Accident Suicide Homicide~~

Reported by

J. W. Hummichouse

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Lucy Evelyn Funckhouser*

Town

County

Died at *Indian Spring* *Washington* *MARYLAND*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *02* *7* *26* Age *28.52*

~~Male~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Single~~

~~Widower~~

Number of children living *1*

Husband of *William Funckhouser*

Wife's Name *David Hastings* Mother's Name *Margaret Bowman*

Cause of { Primary *Chronic Ulcerative Phthisis*

How long sick

Death { Immediate *Syncope*

Accident, Suicide, Homicide

Reported by *Charles J. Mason, M.D.*

Address *Clearspring Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Mary  
Big PoolFrankhauser  
Washington

MARYLAND

Date 19

02 - 7 - 3

Age

6

Native of

Md

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

M. E. Funkhouser

Mother's

Maiden Name

Mollie Leckman

Cause of

Primary

Acute Entero-Colitis

How long sick

7 or 8 days

Death

Immediate

Asthenia

~~Accident, Suicide, Homicide~~

Reported by

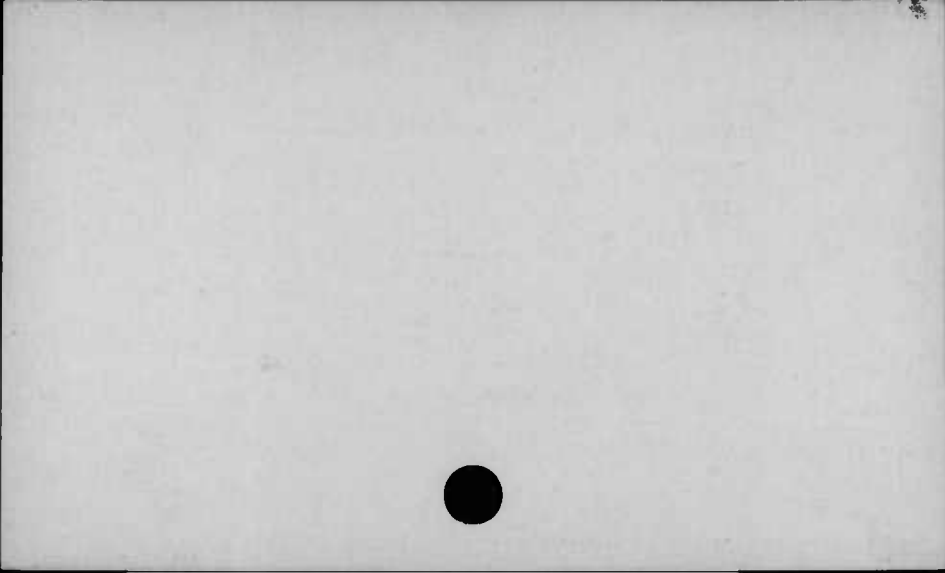
Chas. J. Mason, M.D.

Address

Clearspring

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full ✓

Certificate of Death

John H. Garber  
Town County

Died at Sandy Hook Washington MARYLAND

1902 Month Day Year Y. M. D. Native of Occupation  
Date 1902 July 9 Age 8 American none  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of  
Wife

Father's Name John Garber Mother's Name Fannie E. Cole

Cause of Death Primary Immediate Killed by B & O Train 166  
How long sick  
Accident, Suicide, Homicide

Reported by A. G. Horine M.D.  
Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah Hassett

Died at <sup>Town</sup> Green Spg. Furnace <sup>County</sup> Washington MARYLAND

Date 1902 <sup>Month</sup> 7 <sup>Day</sup> 2 | Age 66.3.25 | <sup>Native of</sup> Md | <sup>Occupation</sup> Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ of William J. Hassett  
 Wife  
 Father's Name Chas. Edelen Mother's Name Eliza Ridenhour  
 Cause of Death { Primary Pulmonary Tuberculosis 6 Months  
 Immediate Exhaustion 27 } ~~How long sick~~  
~~Accident, Suicide, Homicide~~

Reported by Abram Shank M.D.  
 Address Clearspring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

W. J. H. Sticks

Town

County

Died at

near Worley Iron Franklin Co, Pa

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

July 17

Age

33

-

-

Pa

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband

of

Alice Burpholder

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Over come with heat

How long sick

1/2 hour

Death

Immediate

Exhaustion

~~Alcohol, Suicide, Homicide~~

Reported by

Vivian D Miller

Address

Masson - Dixon Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

3





Name  
in  
Full

Samuel A Horsh

CERTIFICATE OF DEATH

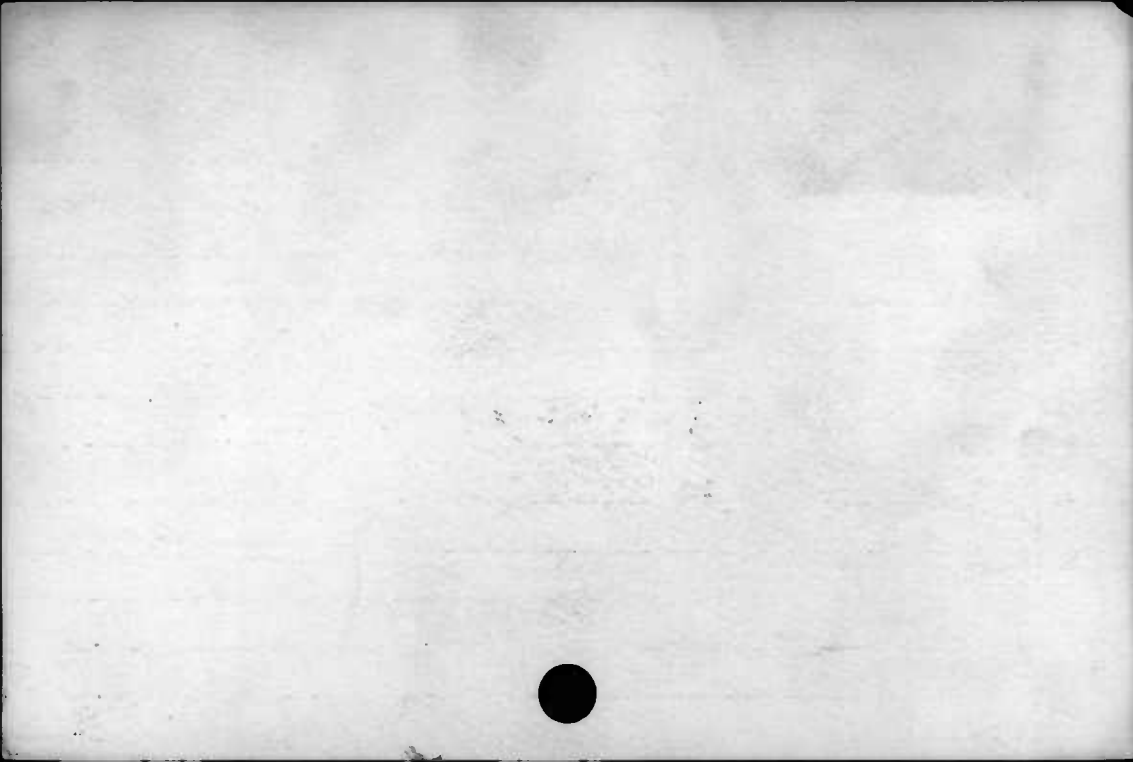
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hayristown		<sup>County</sup> Washington		MARYLAND	
Date of death 1902	Month 7	Day 28	Age 2	Months 4	Days 24
Sex male	Color or Race white		Birth-place Maryland		
<del>Married, Single or Widowed</del>			Occupation Child		
Name of Wife or Husband					
Father's Name Samuel Horsh			Father's Birthplace Maryland		
Mother's Maiden Name Naomi Black			Mother's Birthplace Maryland		
Name of person giving information Naomi Black			How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	4 days
Immediate	Asthma	How long	few hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		A. P. Pronger	
		Hagerstown, Md.	
Accident or Suicide?			



Mrs. Elizabeth Hower

Town

County

MARYLAND

Died at

Green Spring Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 -

7 - 31

Age 79

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Jonathan Hower  
Moore

Mother's

Maiden Name

let

Cause of

Primary

Cerebral Hemorrhage

How long sick

8 days

Death

Immediate

Cardiac Failure

Accident, Suicide, Homicide

Reported by

Chas. J. Mason, M.D.

Address

Clearspring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Chas T Hughes

CERTIFICATE OF DEATH

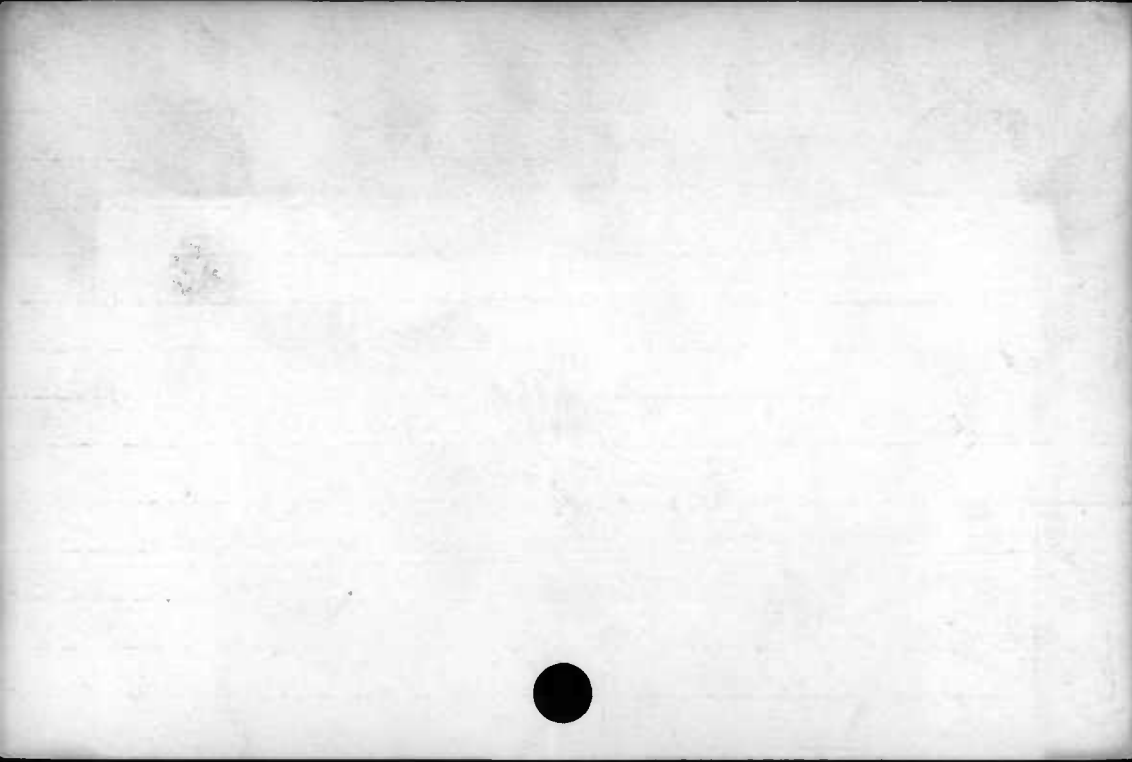
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagenstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date <i>19</i> of death 190 <i>2</i>	Month <i>July</i>	Day <i>19</i>	Age <i>Years</i>	Months <i>3</i>	Days <i>18</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Hagenstown Md</i>	
<del>Married, Single or Widowed</del>			Occupation		
Name of Wife or Husband					
Father's Name <i>Chas Hughes</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary S Hughes</i>			Mother's Birthplace		
Name of person giving Information <i>A. R. Spelman</i>			How related to deceased <i>105</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>one day</i>
Immediate <i>Cholera Infantum</i>	How long <i>one day -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas B Bozinger</i>
	Address
<del>Accident or Suicide?</del>	



Name  
in  
Full

Caroline Hargett

CERTIFICATE OF DEATH

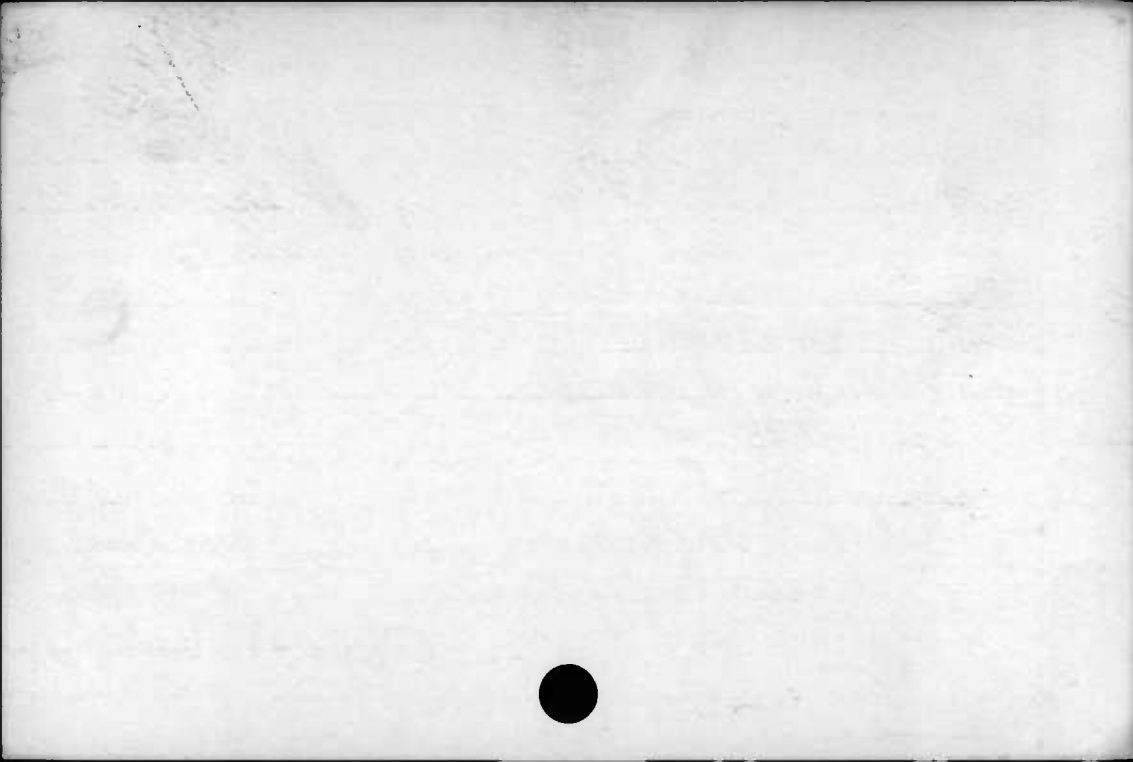
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u>		Town		County <u>Washington</u>		MARYLAND	
Date of death 190	<u>2</u>	Month	<u>7</u>	Day	<u>24</u>	Age	<u>69</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>MD</u>		Months <u>10</u> Days <u>19</u>	
Married, Single or Widowed <u>Widow</u>		Occupation <u>Housewife</u>					
Name of Wife or Husband <u>W<sup>m</sup> Hargett</u>							
Father's Name <u>David Beeler</u>		Father's Birthplace					
Mother's Maiden Name <u>Sophia Stonetree</u>		Mother's Birthplace					
Name of person giving information <u>A. L. Beeler</u>		How related to deceased <u>Bro</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer of Stomach</u>	How long <u>40</u>	How long <u>Several months</u>
Immediate <u>Exhaustion</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Scott</u>	
	Address <u>Hagerstown</u>	
<u>Accident or Suicide?</u>		





Name in Full

Certificate of Death

Anthony Jackson

Died at Washington Co. Blushouse MARYLAND

Date 1902 July 1 Age 80 Y. M. D. - Native of Va Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ Number of children living 3

~~Female~~ Colored Single Widower

Husband of Margaret ?

Wife

Father's Name ~~Not known~~ Mother's Maiden Name ~~Not known~~

Cause of Death { Primary Natural Causes How long sick Instant death

Immediate (Heart disease I think) Accident, Suicide, Homicide

Reported by M J Morrison

Address 2 Hagerstown Md. 179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Clarence W Jenkins

Town

County

Died at

MARYLAND

Date 1962

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

-of-

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79863



Name in Full

Certificate of Death

96

Mrs. Amie M. Johnson.  
 Town County

MARYLAND

Died at Harvey Month July Day 11 Y. 37 M. 11 D. 11 Native of Washington Occupation Joiner

Date 1904 July 11 Age 37 11 11  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living four

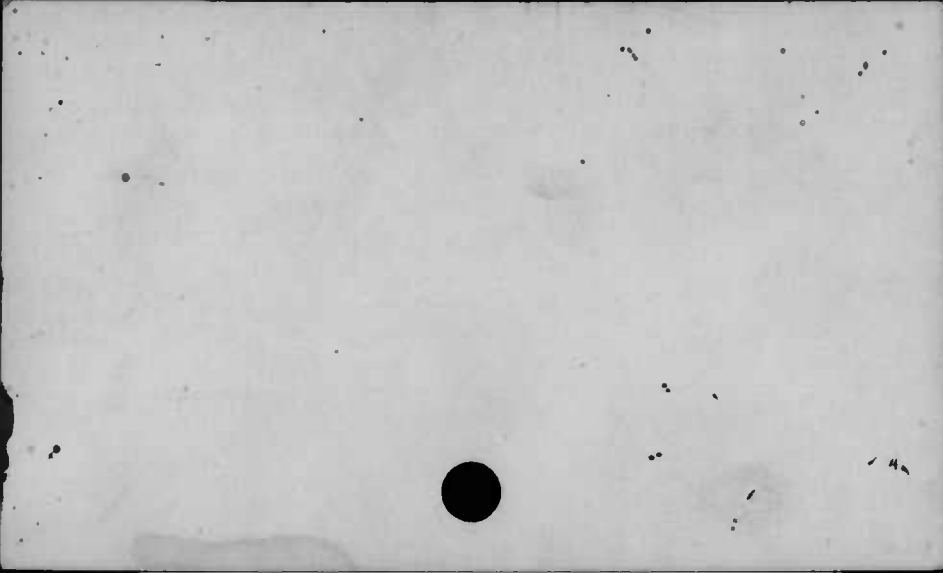
Husband of Richard M. Johnson  
 Wife  
 Father's Name Isaac Brown Mother's Name Sophia F. Brown

Cause of Death { Primary Cancer of liver Immediate Cancer of liver  
 How long sick 10 weeks  
 Accident, Suicide, Homicide

Reported by W D Scott

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Eric M. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death		1902	Month	July	Day	17	Age	22	Years	Months	Days
Sex		Male		Color or Race		White		Birth-place		Ford Co.	
Married, Single or Widowed		Married		Occupation		Laborer					
Name of Wife		<del>Husband</del>		Mandy Jones							
Father's Name		Lewis Jones		Father's Birthplace							
Mother's Maiden Name		Mary Ransomman		Mother's Birthplace							
Name of person giving information		Father		How related to deceased							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Fracture of Pelvis		How long		164	
Immediate				How long		164	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. B. Wheeler	
				Address		Boonsboro	
Accident or		Accident				Maryland	





Name in Full

Certificate of Death

Emma Frances Knight

Town

County

Died at *Bayan**Wash*

MARYLAND

Date *1902* Month *7* Day *11* Y. *-* M. *-* D. *3* Native of *-* Occupation *-*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Father's

Name

*Wm J. Knight*

Mother's

Name

*Rebecca Knight*

Cause of

Primary

*Primative Labor*

How long sick

*3 days*

Death

Immediate

Accident, Suicide, Homicide

Reported by

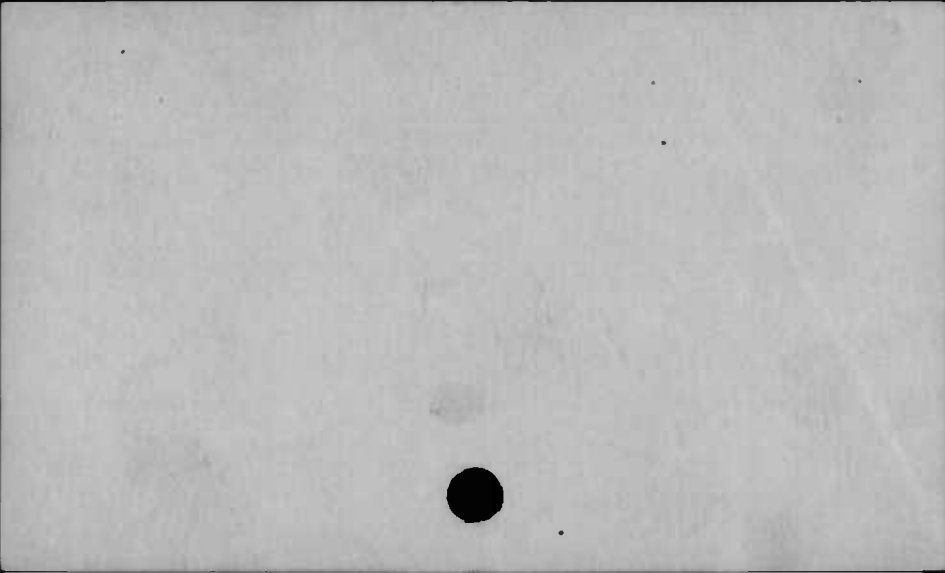
*O. Herbert Gardner*

Address

*Chesapeake*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*Georg. Waterz*  
LIBRARY BUREAU, 65868



Name  
in  
Full

Peter Lapole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Sharpsburg</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death 190	<sup>Month</sup> <i>July</i>	<sup>Day</sup> <i>30</i>	Age <sup>Years</sup> <i>78</i>	<sup>Months</sup> <i>—</i>	<sup>Days</sup> <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Zittletown Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>"H. V. S. Blackford"</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>H. V. S. Blackford</i>			How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Extreme delirium</i>	How long <i>about 6 mos.</i>
Immediate <i>Drunken</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. W. Gurnett</i>
	Address <i>Sharpsburg, Md.</i>
Accident or Suicide?	

Eugene Warner.  
Undertaker.

Name in Full

Certificate of Death

Mathan Lewis

Died at <sup>Town</sup> Irigo <sup>County</sup> Washington MARYLAND

Date 1902 7 4 | Age 1 11 31 | Native of Md | Occupation None

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

~~Husband~~~~Wife~~

Father's Name Joseph Lewis Mother's Maiden Name Josephine Lewis

Cause of Death { Primary Pertussis Immediate } How long sick 10 days. 8

Accident, Suicide, Homicide

Reported by C. D. Baker Md.

Address Robersville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Richard Carl Linder

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7 20

Age

4

MD

child

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mr Linder

Mother's

Maiden Name

Mary E. Linder

Cause of

Primary

Convulsions

How long sick

Few hours

Death

Immediate

Convulsions

71

~~Accident, Suicide, Homicide~~

Reported by

Address

Chas. B. Boyle M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76805

Richard Carl



Name  
in  
Full

Lois Loeier

CERTIFICATE OF DEATH

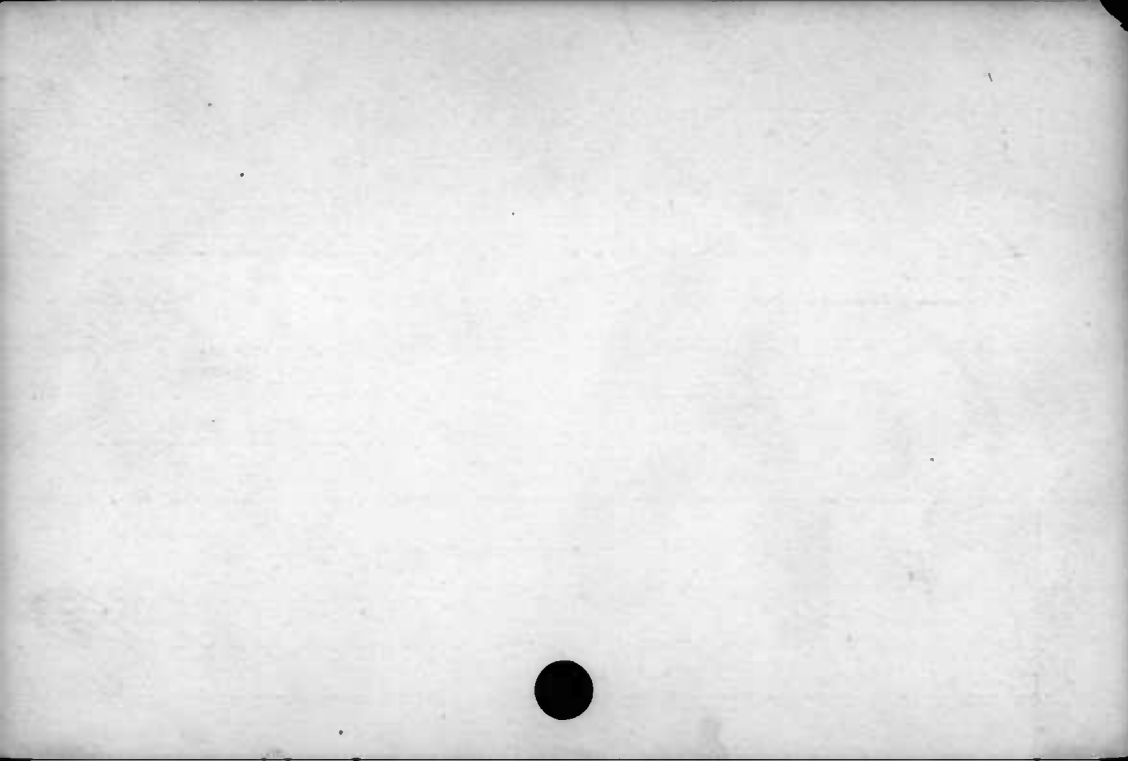
TO BE ANSWERED BY  
NEAREST FRIEND

Died at: <sup>Town</sup> Mountain Club House <sup>County</sup> Washington		MARYLAND	
Date of death 1902	Month July	Day 9	Age Don't Know
Sex Male	Color or Race White	Birth-place	Don't Know
Married, Single or Widowed	Don't know	Occupation	Laborer
Name of Wife or Husband	Don't know		
Father's Name	Don't know		Father's Birthplace Don't know
Mother's Maiden Name	Don't know		Mother's Birthplace Don't know
Name of person giving information	George A. Lookabaugh		How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Don't know	How long	Don't know
Immediate	<del>Cerebral</del> Cerebral Congestion	How long	12 to 24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. Amberson
		Address	130 W. Main St - Waynesboro Pa
Accident or Suicide?			



### Certificate of Death

Laura M Moore

98

Died at *San Williamsport* <sup>Town</sup> *Washington* <sup>County</sup> *MARYLAND*

Date 1907      Month 7      Day 12      Y. 16      M. 8      D.      Native of Coahuila      Occupation None

~~Male~~      ~~White~~      ~~Married~~      ~~Widow~~      ~~Divorced~~

Female      Colored      Single      Widower      Number of children living

Husband of  
Wife •

Father's Name Cal Moore

Mother's  
Maiden Name

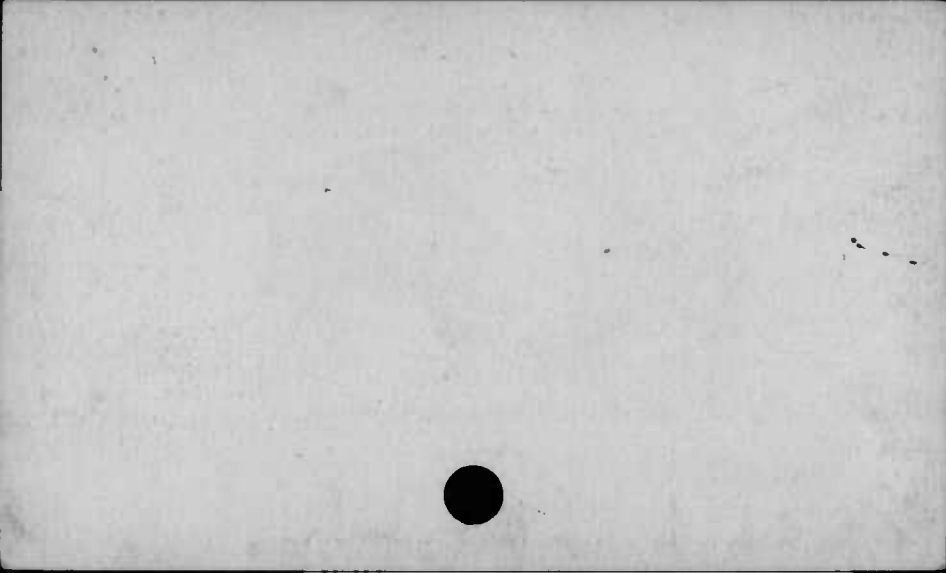
Cause of	Primary	Tuberculosis of Lungs	How long sick	4 months
Death	Immediate	"	Accident, Suicide, Homicide	

Reported by S. K. Srinivasan M.S.

Address Williamsport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

John Munday

Town

County

MARYLAND

Died at

Hagerstown

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7-21

Age 60 5-13

Blacksmith

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband of

Cassman

~~Wife~~

Father's

Mother's

~~Name~~

John Munday

Maiden Name

Cause of

Primary

Chronic Gastritis

How long sick

Several months

Death

Immediate

Exhaustion

104

Accident, Suicide, Homicide

Reported by

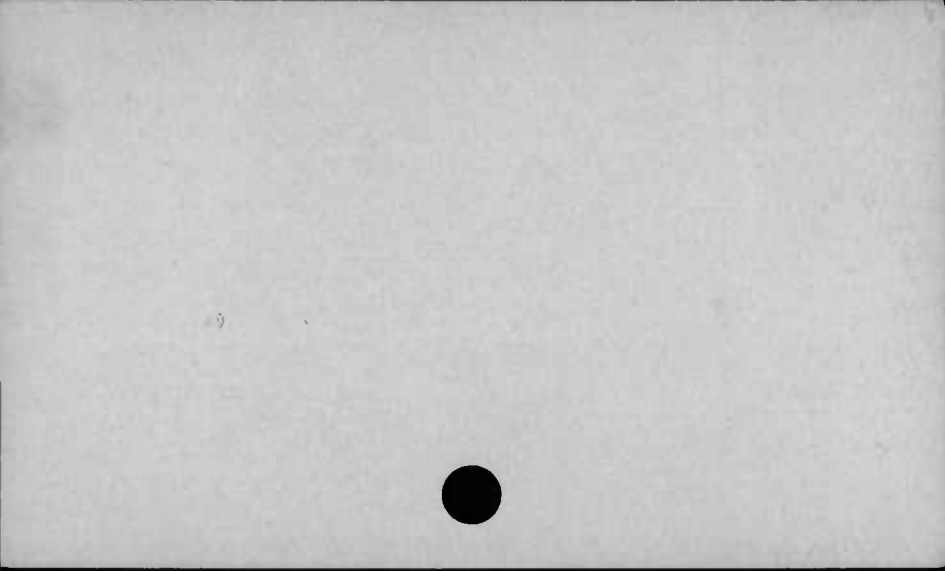
J. M. P. Scott

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Name in Full

Certificate of Death

Clvert Earl Myers

100-

Town

County

MARYLAND

Died at

Falling Waters

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July

23

Age

22

Md

Male

White

MarriedWidowDivorcedForeignColored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Robert L Myers

Mother's

Maiden Name

Ida May Davis

Cause of

Primary

Cholera infantum

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. F. Kieps

Address

Midway

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Maria Jane Meyers

Died at <sup>Town</sup> near for <sup>County</sup> Washington MARYLAND

Date 1902 <sup>Month</sup> July <sup>Day</sup> 27 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 13.8 <sup>Native of</sup> Maryland <sup>Occupation</sup>

☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced  
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of  
 Wife

Father's Name William Meyers Mother's Maiden Name

Cause of Death { Primary Brain fever 61 How long sick 2 weeks  
 Immediate Accident, Suicide, Homicide

Reported by Abraham Mangans undertaker

Address Mangansville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J H Bingham  
sub reg

### Certificate of Death

Paul Mary Meyers

102

Died at Fallingswaters Washington  
Town County  
Month Day Y. M. D. Native of

MARYLAND.

Date 19 <u>02</u>	Month <u>July</u>	Day <u>27</u>	Age <u>27</u>	<u>md</u>	Native of _____	Occupation _____
<del>Male</del>	<u>White</u>	<u>Married</u>	<del>Widow</del>	<del>Divorced</del>		
<u>Female</u>	<del>Colored</del>	<u>Single</u>	<u>Widower</u>	<u>Number of children living</u>		

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_

Wife

Father's Name *Lincoln Myers* Mother's Maiden Name

Mother's  
Maiden Name

David

Cause of	Primary	Cholera infantum
Death	Immediate	" "

How long sick

9.

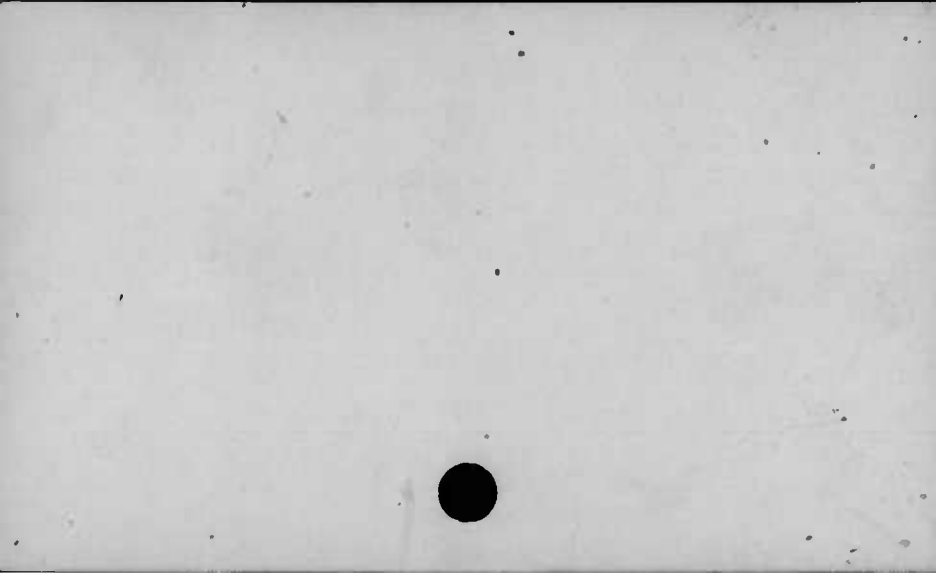
## Accident, Suicide, Homicide

Reported by L. F. Kules

Address Madenther

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Town

County

MARYLAND

Math

Dây

Y.

M.

6.

Native of

Occupation

July 27<sup>th</sup>  
White

Age

74. 2 - 23

Lucy

Lusk

Male

White

Married

~~W. J. F.~~

~~Discontinued~~

~~Excluded~~

~~Confidential~~

~~Single~~

Widener

~~Number of children living~~

Husband of

Wife

## Father's

Name \_\_\_\_\_

Mother's

Maiden Name

### Cause of

Primary

Prostatic Abscess

## How Long?

5 Weeks

## Death

Immediate

# Exhaustion

Accident Suicide Homicide

Reported by

J. P. Perry M. D.

Address

Clearspring • Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

*Abigail Norris*

CERTIFICATE OF DEATH

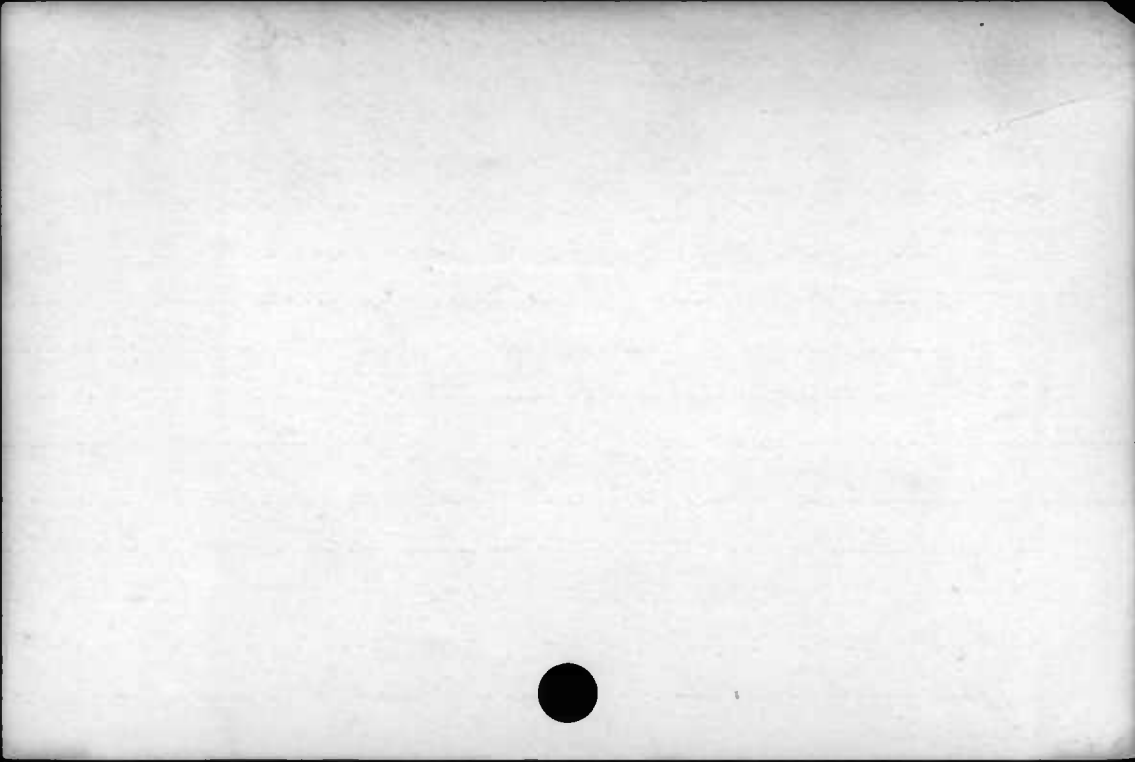
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Castle</i> <small>Town</small>		County		State <i>MARYLAND Pa</i>	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>23</i>	Age <i>73</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>John Norris</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L M Watkins</i>
	Address <i>Undertaker</i>
<input checked="" type="checkbox"/> Accident or Suicide?	<i>Hagerstown MD</i>





Name In Full

Pearle Elizabeth Aden

Died at Leesville Town

County Washington

MARYLAND

Date 189 2 July 4 Month Day Y. M. D. Age 1 4 26 Native of Ind Occupation       
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name Arthur Aden

Mother's Name Fanna Aden

Cause of Death { Primary Tuberculosis Immediate 27

How long sick 4 wks

~~Accident, Suicide, Homicide~~

Reported by Dr S. W. Lunsford

Address Leesville Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Name  
in  
Full

Ella Redmond

CERTIFICATE OF DEATH

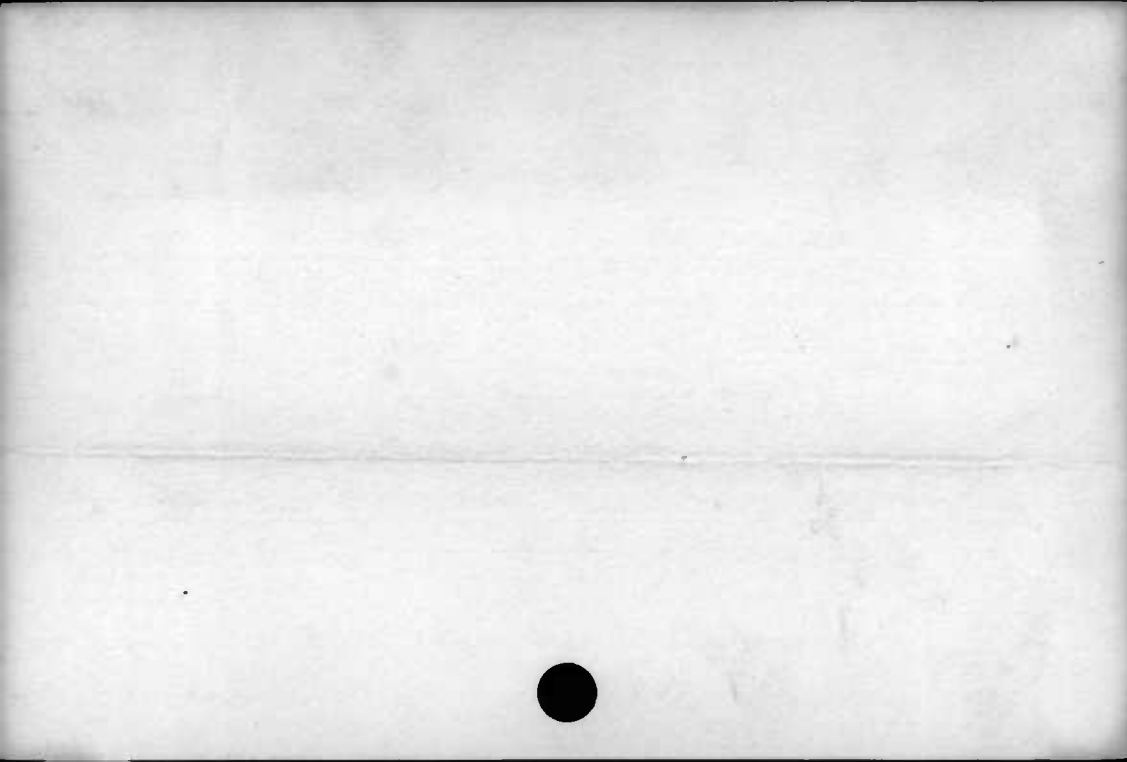
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
19		2 July	9	75			
Sex	Female	Color or Race	White	Birth-place	Wash Co		
Married, Single or Widowed	Single			Occupation	—		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	2 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W B Moman	
Address		Hagerstown Md.	
Accident or Suicide?		no	



Thomas Davis Reed.

Town

County

Died at Hagerstown Wash.

MARYLAND

Date 1902 7 6 Age 7 - 7 - 7 - Native of child  
 Male ~~White~~ Married ~~Widow~~ Divorced  
~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Thomas Reed Mother's Name Ada Whiting  
 Maiden Name

Cause of Primary

How long sick

2 weeks.

Death Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by C. M. Suter Undertaker.

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Lona Repp

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July

19

Age

87

Ind.

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Jacob Repp

Lucan Smith

Cause of

Primary

Senility

154

How long sick

Death

Immediate

Cardiac Failure

Accident, Suicide, Homicide

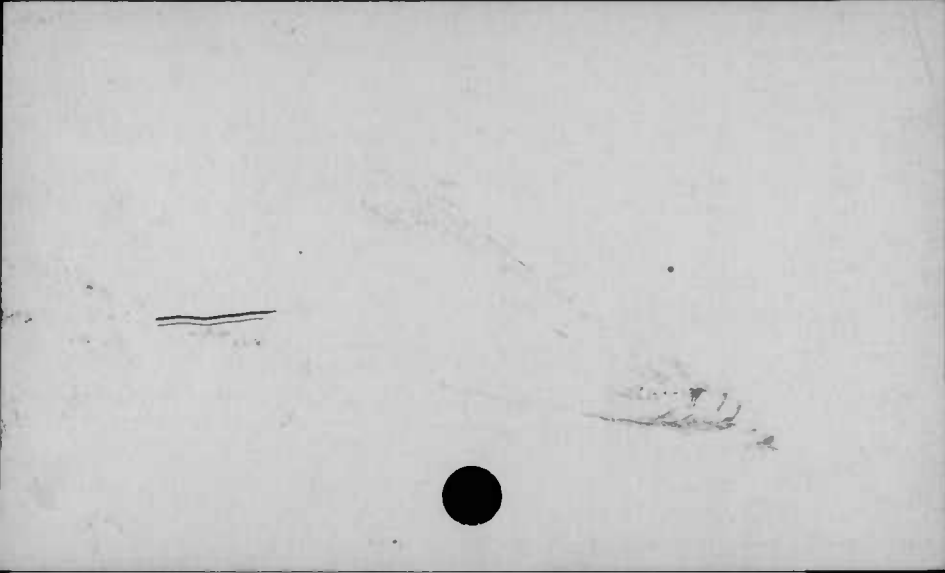
Reported by

A.P. Stammer, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Name in Full *Ellen Craig Resky*  
 Near *Hancock* Town *Washington* County  
 Died at *Hancock* *Washington* MARYLAND  
 Date 19 *07 July 20* Month *July* Day *20* Y. *78* M. *13* D. *10* Native of *Md.* Occupation *Housewife*  
~~Male~~ ☒ White ☐ Colored ☐ Married ☐ Single ☐ Widower ☐ Widowed ☐ Number of children living *5*

Husband of *James Resky*  
 Wife *John Craig*  
 Father's Name *John Craig* Mother's Maiden Name *Mary E. Smiley*

Cause of Death ☒ Primary *Senility 754* ☐ Immediate *Exhaustion* How long sick *754*  
 Accident, Suicide, Homicide

Reported by *Edw. T. M.D.*  
 Address *Hancock Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eliza C. Reynolds

Town

County

Died at Hagerstown

Washington

MARYLAND

Date 1962	Month	Day	Y.	M.	D.	Native of	Occupation
1902	7	21	76	4	5	MD	Housewife
<del>Male</del>	White	<del>Married</del>	Widow	<del>Divorced</del>			
Female	<del>Colored</del>	Single	<del>Widower</del>	Number of children living	one		

~~Husband~~

Wife John Reynolds

Father's Name	Mother's Maiden Name
John P. Nety	Ellender Halston

Cause of	Primary	How long sick
Death <td>Immediate</td> <td>2 years</td>	Immediate	2 years
	Sphacelation	Accident, Suicide, Homicide

Reported by O. C. Muran MD 43

Address Hagerstown MD, 1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Florence S. P. Rhodes  
 Town County  
 Died at Dam # 4 Wash MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 19 02, July 28 Age 25, 10, 1 Wash C. House wife  
 Male White Married Widower Divorced  
 Female Color Single Number of children living two

Husband of Clarence R. Rhodes  
 Wife  
 Father's Name Dan'l. Humphreys Mother's Name Susan Hammond  
 Cause of Death Primary Immediate  
 Gout Tuberculosis Heart Failure 34  
 How long sick often on for 2 yrs.  
 Accident, Suicide, Homicide  
 Reported by H. Franklin Schannel M.D.  
 Address Bakersville Ark

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





James Abner Robey,

Hancock County

Died at Hancock Washington Maryland

Date 1907 July 20 Age 64 Native of Md Occupation Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of Eliza Doyle.

Father's Name Jacob Robey. Mother's Maiden Name Miss Howan;

Cause of Primary Heart Disease How long sick 2 Mos

Death Immediate Heart failure Accident, Suicide, Homicide

Reported by Edward Higgins 79

Address Hancock, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Memmoine Shorter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lepid</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 1902	<u>July</u> <sup>Month</sup>	<u>9<sup>th</sup></u> <sup>Day</sup>	Age <u>26</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>H.C.W.</u>			
Name of <del>deceased</del> <u>Mrs Shorter</u> Husband					
Father's Name <u>Jenningsham Depps</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Eliza Pickett</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Mrs Shorter</u> <u>27</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis of lungs</u>	How long	<u>—</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>O. H. W. Dagan</u>	
		Address <u>Heagins Lane. Thos.</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

George Peter Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 1902	Month <i>July</i>	Day <i>3</i>	Age <i>73</i>	Years	Months <i>10.</i>	Days			
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>						
Married, Single or Widowed <i>Widower</i>		Occupation <i>Wood worker</i>							
Name of Wife or Husband <i>Ann. Maria Berschuing</i>									
Father's Name <i>David Smith</i>		Father's Birthplace <i>Ind Co Ind</i>							
Mother's Maiden Name <i>Mary Ann. Letter</i>		Mother's Birthplace <i>" " "</i>							
Name of person giving information <i>Samuel C. Smith</i>		How related to deceased <i>Son.</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis (Amplasia)</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion.</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Morrison</i>
	Address <i>Hagerstown</i>
	<i>Maryland</i>
Accident or Suicide? <i>no</i>	



Name in Full <b>Richard R. Snapp</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Hagerstown</b> <small>Town</small>		<b>Washington</b> <small>County</small>
	Date of death 190 <b>2</b> <small>Month</small> <b>July</b> <small>Day</small> <b>22</b>		<b>1</b> <small>Years</small> <b>2</b> <small>Months</small> <b>22</b> <small>Days</small>
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Virginia</b>
	Married, Single or Widowed <b>Single</b>	Occupation <b>child</b>	
	Name of Wife or Husband _____		
	Father's Name <b>Herbert Snapp</b>	Father's Birthplace <b>Va.</b>	
	Mother's Maiden Name <b>Adaline Blackburn</b>	Mother's Birthplace <b>Va.</b>	
Name of person giving information <b>Adaline Snapp</b>		How related to deceased <b>mother.</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Cholera Infantum</b>	How long <b>1 week.</b>	
	Immediate <b>Exhaustion</b>	How long <b>2 days.</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Peter Duill, Jr.</b>	
		Address <b>Hagerstown Md</b>	
Accident or Suicide? <b>/</b>			





Name In Full

Certificate of Death

Christina V. Swartz

Died at 109 Madison Town Wach County MARYLAND

Date 1902 July 9 Y. M. D. 3 Native of md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of 1  
Wife

Father's Name Raymond Swartz Mother's Name Jessie Thorne

Cause of Death { Primary Blue Dissection How long sick 3 days

Death { Immediate Exhaustion 150 Accident, Suicide, Homicide

Reported by E. W. WarrhamAddress 109 Madison md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frances Amelia Turner

Town

County

Died at

MARYLAND

Date

1902

Month

Day

69

Y.

M.

D.

Native of

Occupation

July 27

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Three

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Complication of non-contagious, several years

Exhaustion

179

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Eugene Marker  
Undertaker

Name in Full

Certificate of Death

Mr. Edgar. Underdunk

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

1902

Month

7

Day

30

Age

- 22 2/8

Native of

Md

Occupation

Child

Male

White

Married

Widow

~~Divorced~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Charles. Underdunk

Mother's

Name

Zella Johnson

Cause of

Primary

Marasmus

How long sick

78 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. E. Pitensogle md.

Address

Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Gladis Marie Ziegler*  
Town *Haymarket* County *hush*

MARYLAND

Died at		Date of death 190		Month		Day		Years		Months		Days	
		2		July		31		1		12		20	
Sex				Color or Race				Birth-place					
Female				White				Haymarket					
Married, Single or Widowed								Occupation					
Name of Wife or Husband													
Father's Name								105		Father's Birthplace			
Chas Ziegler										near Haymarket			
Mother's Maiden Name								Mother's Birthplace					
Etta Williams								Haymarket					
Name of person giving information								How related to deceased					
Chas Ziegler								Father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Cholera Infantum		10 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		C. Z. Magerud	
		Address	
		Haymarket	
Accident or Suicide?			

